



STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES - PROCUREMENT DIVISION

CONTRACT NOTIFICATION

***** MANDATORY *****

CONTRACT NUMBER: **1S-05-70-05**

DESCRIPTION: **COMPUTER EQUIPMENT: MONITORS**

CONTRACTOR: **GATEWAY COMPANIES INC**

EFFECTIVE DATES: **6/30/2005** THROUGH **6/29/2007**

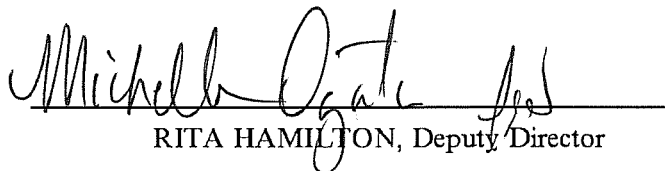
SUPERSEDES CONTRACT NO.: **NONE**

AREA: **STATEWIDE**

DISTRIBUTION: **STATE AND LOCAL AGENCIES**

* TAX: Add appropriate sales and use tax.
Exempt from Federal Excise Tax.

*Food contracts are tax exempt.


RITA HAMILTON, Deputy Director

Use of this agreement by all agencies is mandatory with monetary exceptions stated herein or contained in State Administrative Manual.

To obtain assistance or report non-compliance by supplier, or for any suggestions or recommendations write:

Department of General Services, Procurement Division, P.O. Box 989054, W. Sacramento, CA 95798-9054,
or call: Contract Administrator, **BOB RIOLA** **916-375-4454, CALNET 480-4454**

Contract (Mandatory): 1S-05-70-05

SUPPLIER ID:	711536	
NAME:	GATEWAY COMPANIES INC	
ADDRESS:	ATTN: CALIF SALES TEAM	
	610 GATEWAY DRIVE Y-40	
	N SIOUX CITY, SD 57049	
CONTACT:	888-444-4925	CHRIS FORD, EXT 33084
FAX NUMBER:	888-888-2041	
TERMS OF PAYMENT:	0.8% - 15 DAYS	
FOB:	Destination	
MINIMUM ORDER:	\$200.00	
	1% ON-LINE ORDERING DISCOUNT	

Gateway's BOE Permit Number: 97-863374

CONTRACT MANAGEMENT:

Use of this agreement is MANDATORY with the monetary exceptions stated herein or contained in the State Administrative Manual. To obtain contract information, ordering assistance, offer suggestions, or report supplier non-compliance:

WRITE:

State of California
Department of General Services
Procurement Division
PO Box 989054
West Sacramento, CA 95798-9054

CONTACT:

Department of General Services, Procurement Division
Phone: 916-375-4400
Toll-Free: 800-559-5529
TTY Assistance: 916-376-1891

CONTRACT ADMINISTRATOR'S E-MAIL ADDRESS:

Bob.Riola@dgs.ca.gov

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WH

CALIFORNIA STATE BOARD OF EQUALIZATION

SELLER'S PERMIT

ACCOUNT NUMBER

1/1/2001 SR OHA 97-863374

GATEWAY COUNTRY STORES LLC
14303 GATEWAY PL
POWAY, CA 92064-7140

I HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE
BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELLED BUT IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS,
OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES
DUE BY THE NEW OPERATOR OF THE BUSINESS.

FOR GENERAL TAX QUESTIONS, PLEASE TELEPHONE OUR INFORMATION C

BCE-442-P REV. 13 (6-00)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to better understand the law, we offer the following sources of help:

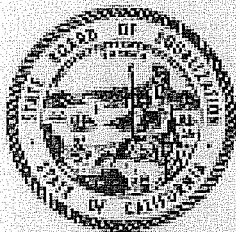
- Visiting our website at www.boe.ca.gov
- Visiting a district office
- Attending a Basic Sales and Use Tax Law Class offered at one of our district offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

As a seller, you have the right to issue resale certificates for merchandise that you have the responsibility of not misusing resale certificates. While the sales tax is imposed on the sale, you have the right to seek reimbursement of the tax from your customer.

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees
- You are responsible for following the regulations set forth by the Board

As a seller, you are expected to maintain the normal books and records of a prudent business operator. You are expected to maintain these books and records for no less than four years, and make them available for inspection by the Board.

HIGH ISSUED



THIS PERMIT DOES NOT
AUTHORIZE THE HOLDER
TO ENGAGE IN ANY
BUSINESS CONTRARY TO
LAWS REGULATING THAT
BUSINESS OR TO
POSSESS OR OPERATE
ANY ILLEGAL DEVICE.

Not valid at any other address

ENTER AT 1-800-400-7115.

law. In order to assist you in your

ces

u intend to resell. Conversely, you
ed upon the retailer:

of the Board

businessperson. You are required to

when requested. You are also expected to notify us if you are buying, selling, adding a location, adding or dropping a partner, officer, or member, or when you are moving any or all of your locations. If necessary to surrender this permit, you should only do so by mailing it to a Board office, or to the Board of Equalization.

If you would like to know more about your rights as a taxpayer, or if you are unable to reach the Taxpayers' Rights Advocate office for help by calling toll-free, 888-324-2798 or 916-333-3319.

Please post this permit at the address for which it was issued and at a location visible to the public.

THE STATE BOARD OF EQUALIZATION
Sales and Use Tax Department

representation by a Board representative
ation, or discontinuing your business,
our business locations. If it becomes
giving it to a Board representative.

olve an issue with the Board, please
r 916-324-2788. Their fax number is

to your customers.

ITION

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.																	
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) Gateway Companies, Inc. <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 40%;">E-MAIL ADDRESS www.gateway.com</td> </tr> <tr> <td>MAILING ADDRESS 7565 Irvine Center Drive</td> <td>BUSINESS ADDRESS 7565 Irvine Center Drive</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Irvine, CA 92618</td> <td>CITY, STATE, ZIP CODE Irvine, CA 92618</td> </tr> </table>			SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS www.gateway.com	MAILING ADDRESS 7565 Irvine Center Drive	BUSINESS ADDRESS 7565 Irvine Center Drive	CITY, STATE, ZIP CODE Irvine, CA 92618	CITY, STATE, ZIP CODE Irvine, CA 92618									
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3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 4 6 - 0 4 3 1 3 9 8 <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> PARTNERSHIP</td> <td style="width: 33%;">CORPORATION:</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> ESTATE OR TRUST</td> <td><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> LEGAL (e.g., attorney services)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> EXEMPT (nonprofit)</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> ALL OTHERS</td> <td></td> </tr> </table> <hr/> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - <small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small>		<input type="checkbox"/> PARTNERSHIP	CORPORATION:		<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)			<input type="checkbox"/> LEGAL (e.g., attorney services)			<input type="checkbox"/> EXEMPT (nonprofit)			<input checked="" type="checkbox"/> ALL OTHERS		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
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	<input type="checkbox"/> EXEMPT (nonprofit)																	
	<input checked="" type="checkbox"/> ALL OTHERS																	
4 PAYEE RESIDENCY STATUS	<input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.																	
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Scott M. Sherrick</td> <td style="width: 35%;">TITLE Director, Operations Offer Development</td> </tr> <tr> <td>SIGNATURE </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DATE 04/06/2005</td> <td style="width: 70%;">TELEPHONE (800) 779-2000</td> </tr> </table> </td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Scott M. Sherrick	TITLE Director, Operations Offer Development	SIGNATURE 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DATE 04/06/2005</td> <td style="width: 70%;">TELEPHONE (800) 779-2000</td> </tr> </table>	DATE 04/06/2005	TELEPHONE (800) 779-2000									
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6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: (____) _____ Fax: (____) _____ E-mail Address: _____																	